

## **MISSION STATEMENT**

*To create a positive community image, utilizing a spirit of cooperation and open communication to enhance our unique historic assets and river location. To provide an environment for the ongoing quality of life in LeClaire that nurtures continued development for residential, commercial and industrial growth.*



**Return application form along with your check payable to:**

**LeClaire Chamber of Commerce**  
P. O. Box 35  
LeClaire, IA 52753

## **LECLAIRE CHAMBER OF COMMERCE**

**ADDRESS:**

P. O. Box 35  
LeClaire, IA 52753

**PHONE:**

563-289-9970  
563-449-9958

**E-MAIL:**

adesign@mchsi.com

**WEBSITE:**

[www.leclaireiowa.gov](http://www.leclaireiowa.gov)



*Uniting Our Strength for Today to  
Bring Success for Tomorrow*

## **MEMBERSHIP APPLICATION**



**WHERE THE MISSISSIPPI RIVER  
AND I-80 MEET**

P.O. Box 35  
LeClaire, IA 52753

Phone 563-289-9970  
or 563-449-9958  
e-mail: [adesign@mchsi.com](mailto:adesign@mchsi.com)  
Website: [www.leclaireiowa.gov](http://www.leclaireiowa.gov)

## HELPING YOUR BUSINESS GROW

**T**he LeClaire Chamber of Commerce keeps your business in touch with other business owners, potential clients and customers.

Our various channels of information will keep you updated on local events and business announcements.

### NETWORKING

- Chamber/Business Meetings
- Quarterly Networking Nights
- Annual Dinner
- Community Events

### INFORMATION

- Regular e-mails with upcoming events and announcements
- Quarterly Newsletter
- Membership Directory
- Chamber Webpage on [www.leclaireiowa.gov](http://www.leclaireiowa.gov)
- Guest Speakers
- Media Contacts
- Legislative Liaisons

### COMMUNITY

- Sponsors of music downtown
- Support of local events such as the Tug Fest, Family Fun Barbeque, Trivia Nights, Antique Tractor Show, Spring and Fall Market Days, Shopping 6 to 6, Christmas in LeClaire, and much more
- Participation in beautification projects for the community

Joining the Chamber of Commerce provides avenues for business promotion as well as opportunities for community enhancement and involvement.

### PROMOTION

- Advertising available exclusively to members in Quarterly Newsletter distributed to all LeClaire residents
- FREE Listing on Chamber page on [www.leclaireiowa.gov](http://www.leclaireiowa.gov) for all Members
- Ribbon Cutting/Grand Opening for new businesses with media coverage and local government representation

### INVOLVEMENT

- Economic Development Committee
- Education Committee
- Events Committee (Tug Fest, Market Days, etc.)
- Finance Committee
- Legislative Committee
- Membership Committee
- Public Relations/Communications/Newsletter Committee
- Seniors' Advocate Committee
- Social Committee (Networking, Annual Dinner, etc.)
- Special Community Projects
- Travel & Tourism Committee
- Shopkeepers' Marketing Alliance

**Get involved – JOIN TODAY!**



## MEMBERSHIP APPLICATION

### Membership Categories

#### INVESTMENT

|  |       |
|--|-------|
| <input type="checkbox"/> *1-4 Employees - or 1 owner/employee        | \$ 60 |
| <input type="checkbox"/> *5-15 Employees                             | \$120 |
| <input type="checkbox"/> *16-25 Employees                            | \$180 |
| <input type="checkbox"/> *26+ Employees                              | \$240 |
| <input type="checkbox"/> Individuals, Clergy and Civic Organizations | \$ 25 |
| <input type="checkbox"/> Retirement Lifetime Membership              | \$200 |
| <input type="checkbox"/> Volunteer (non-business owner)              | \$ 0  |

**Total:** \_\_\_\_\_

\*A part-time employee is counted as one-half. Part-time is 25 hours/week or less.

**NEW!** Renew your membership online using your credit card via the Paypal® secure online payment system.  
Go to: <http://www.ccx.net/chamber.htm> and follow the directions.

Business Name \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Address / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Website Address \_\_\_\_\_

*Please provide a brief description of your business for the Chamber Business Directory:*

\_\_\_\_\_

# of Years in Business \_\_\_\_\_ # of Employees \_\_\_\_\_

*If you would be willing to serve on a committee, please check those that would interest you.*

- |   |   |
|---|---|
| <input type="checkbox"/> Public Relations/Communications/Newsletter Committee | <input type="checkbox"/> Economic Development Committee |
| <input type="checkbox"/> Membership Committee                                 | <input type="checkbox"/> Tourism Committee              |
| <input type="checkbox"/> Finance Committee                                    | <input type="checkbox"/> Social Committee               |
| <input type="checkbox"/> Legislative Committee                                | <input type="checkbox"/> Special Projects               |
| <input type="checkbox"/> Education Committee                                  | <input type="checkbox"/> Events Committee               |
|   | <input type="checkbox"/> Seniors' Advocate              |

Signature \_\_\_\_\_

*Please make a photocopy for your records.*